



Date: _____ Customer Name: _____

Company Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

All addresses of wireless communication submittals MUST be faxed to (602) 534-2691 before 3:00 p.m. Please allow a 48-hour turnaround for all research before submittal can be made. Please contact staff to schedule a log-in appointment for more than two submittals being logged in at one time.

Please also identify the type of installation being proposed.

- The Zoning Ordinance defines Co-locations as: "The act of siting multiple wireless communications providers in the same location and on the same support structure. Co-location also means locating one or more additional Wireless Communication Facilities on a structure designed for a different purpose such as, but not limited to, buildings, water tanks, towers, flagpole or utility poles without the need to construct a new support structure."
- The fee for site plan review is calculated based on co-location – \$450.00 or new pole/verticality – 900.00. Replacement pole fees are \$450.00 if proposal is "like-for-like" and \$900.00 otherwise.

1. Site Address: _____ Site APN: _____

- | | | | |
|-----------------------------------|-----------------------------------|------------------------------|---|
| <input type="checkbox"/> Monopole | Co-Location | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Rooftop | Current Carrier | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Flagpole | <input type="checkbox"/> New Pole | | <input type="checkbox"/> Replacement pole |

Please provide SPDN#, KIVA# and next amendment (if known)

SPDN#: _____ KIVA#: _____ Next Amendment: _____

2. Site Address: _____ Site APN: _____

- | | | | |
|-----------------------------------|-----------------------------------|------------------------------|---|
| <input type="checkbox"/> Monopole | Co-Location | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Rooftop | Current Carrier | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Flagpole | <input type="checkbox"/> New Pole | | <input type="checkbox"/> Replacement pole |

Please provide SPDN#, KIVA# and next amendment (if known):

SPDN#: _____ KIVA#: _____ Next Amendment: _____

..... **FOR STAFF USE ONLY**

Staff: _____ Received: _____

Appointment Date: _____ Time: _____